



Mayor Thomas M. Menino

MAYOR'S OFFICE OF CONSUMER AFFAIRS AND LICENSING

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CONSUMER COMPLAINT FORM

Please Print

Staff/ LCP/ Referral

CONSUMER

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () _____

Optional: Are you 65 years or older ☐ yes ☐ no

COMPLAINT AGAINST

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

NATURE OF COMPLAINT

Reason for your complaint: _____

Product/service involved: _____

Cost of product/service: _____

Amount paid to date: _____

Date of transaction: _____

Was a contract signed? _____

How did you pay for the product?

☐ cash ☐ check ☐ credit card ☐ installment plan/loan

Was product/service advertised?

☐ mail ☐ radio/tv ☐ newspaper ☐ telephone ☐ internet

Have you complained directly to the company?

☐ in person ☐ by phone ☐ by letter

To whom: _____

Date: _____

What outcome do you seek? _____

Have you contacted another agency? _____

If yes, please give the name of the agency _____

Have you hired an attorney? _____

If yes, please give the name of the attorney _____

May we send a copy of the complaint to the company? ☐ Yes ☐ No

COMPLAINT SUMMARY

PLEASE KEEP YOUR ORIGINALS; SEND COPIES ONLY.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

FOR MOTOR VEHICLE COMPLAINTS ONLY

Purchased: ☐ new ☐ old Date of purchase: _____

Vehicle Identification Number (VIN): _____

Note: This is not your license number. The VIN should be on your title or registration.

Purchase price: _____

Total number of business days vehicle has been in repair shop for the same problem or defect: _____

CONFIDENTIALITY

DATE:	TIME: